

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		10/10/00
O.I.P.E. CLASSIFIER			11-17-00
FORMALITY REVIEW	<i>[Signature]</i>	827	11-02-00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	967	4-6-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	29
2	13
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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